

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>04/10/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>ECM</i>	<i>11</i>	<i>4/15/2000</i>
FORMALITY REVIEW	<i>252</i>	<i>68608</i>	<i>6/15/2000</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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